

(Employer's Copy)

KY EMP ID #

QTR

YR

Social Security Number	Name of Worker	Gross Wages
		Total for This Page
		Total for All Pages

1.

NEED HELP? Telephone assistance is available toll free from 8:00 a.m. to 4:30 p.m. Eastern Time Monday through Friday at 1-800-562-6397.

To request forms, call Fax-on-Demand: (502) 564-4459

For questions about:

 **Call**

Fax



Magnetic filing, rates, refunds
Change in address/ownership
Billings

502 564-2168
502 564-2272
502 564-6835

502 564-5442
502 564-5442
502 564-5590

Mailing Address for Assistance and Amended Reports:

Commonwealth of Kentucky
Division of Unemployment Insurance
P.O. Box 948
Frankfort, KY 40602-0948

E-Mail Access:

desuit@mail.state.ky.us

Internet Access:

http://www.desky.org

UI Auditor Locations:

Ashland 606 920-2004	Henderson 270 826-9393	Murray 270 762-0168
Bowling Green 270 746-7440	Hopkinsville 270 889-6586	Owensboro 270 687-7215
Corbin 606 528-8429	Lexington 859 246-2287	Paducah 270 575-7060
Covington 859 292-6797	Liberty 606 787-1338	Pikeville 606 433-7723
Elizabethtown 270 766-5018	Louisville 502 595-4892	Prestonsburg 606-886-6887
Frankfort 502 564-6835	Madisonville 270 824-7516	Richmond 859 623-5252
Glasgow 270 651-2121	Mayfield 270 247-3896	Somerset 606 677-4202
Harlan 606 573-9239	Morehead 606 784-6617	Whitesburg 606 633-3222

- This report shall not be considered filed unless the Social Security number, name and gross wages for each employee are listed. Incomplete information could subject you to failure to file penalties.

Detach report and submit with payment on or before the due date.

KY EMP ID #

QTR/YR

Total Number of Pages in This Report

Social Security Number

1st Initial

Last Name of Worker

Gross Wages

Total for This Page

UI39923

Signature: _____

Title



Telephone Number

Date

1.

Total for All Pages

EMPLOYER'S QUARTERLY UNEMPLOYMENT TAX WORKSHEET

Keep top portion for your records.

1.	Enter total gross wages from line 1 on reverse (enter here and on line 1 of the report).....	
2.	Enter excess wages (over \$8,000 per worker per year) for this quarter. Line 2 can never exceed line 1. (enter here and on line 2 of the report).....	
3.	Subtract line 2 from line 1 (enter here and on line 3 of the report).....	
4.	Multiply line 3 by your tax rate of _____ % (_____). This is the only portion of your payment which is reportable to the IRS on your 940 Federal Unemployment Tax Return (enter here and on line 4 of the report).....	
5.	Multiply line 3 by the Service Capacity Upgrade Fund (SCUF) rate of .075% (.00075) (enter here and on line 5 of the report). This only applies to years (1999, 2000 & 2001).	
5a.	Add line 4 and line 5 (enter here only)	
6.	If this report will be postmarked after the due date of _____, multiply line 5a by 1.5% (.015) interest for each month or fraction of a month past due (enter here and on line 6 of the report).....	+
7.	If this report will be postmarked after the due date of _____, include penalty as follows: \$25 mailed on or after _____ \$75 mailed on or after _____ Add an additional \$100 if another report has been late this calendar year (enter here and on line 7 of the report).....	+
8.	Add prior amount due or subtract overpayment.....	
9.	Total amount due (add lines 4, 5, 6 and 7, and add or subtract line 8) (enter here and on line 9 of the report)...	

If there has been a change in the status of your account, complete below, cut to separate from worksheet, and return.

ACCOUNT STATUS INFORMATION

KEIN _____ Name _____ <input type="checkbox"/> Request for cancellation (date business closed) _____ <input type="checkbox"/> Request for inactive status (date of last employment) _____ <input type="checkbox"/> Change location address to _____ Street _____ City _____ State _____ ZIP code _____ <input type="checkbox"/> Change mailing address to: _____ Street _____ City _____ State _____ ZIP code _____	<input type="checkbox"/> Change of business name Name change only <input type="checkbox"/> Change in ownership - Complete Form UI-21, Report of Change in Ownership or Discontinuance of Business in Whole or Part, which will be mailed to you upon receipt of this form. Form UI-21 may also be obtained by Fax from Fax-on-Demand at (502) 564-4459 or Tax Status and Accounting at (502) 564-2272. Types of Ownership Changes Requiring Form UI-21: Individual to Partnership Partnership to Corporation Corporation to Corporation Individual to Corporation Partnership to Partnership Corporation to LLC or LLP Individual to Individual Partnership to Individual Corporation to Partnership Individual to LLC or LLP Partnership to LLC or LLP Corporation to Individual The statements indicated are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this report. Signature _____ Date _____
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Detach report and submit with payment on or before the due date. Make check payable to Treasurer, Kentucky Unemployment Insurance Fund.

Employer's Quarterly Unemployment Wage and Tax Report

UI-3

Number of Employees
How Many workers earned wages in the pay period including the 12th of each month?

Dollars Cents

KEIN _____
FEIN _____
Qtr/Yr _____
Due Date _____

Rate
1st Mo. _____
2nd Mo. _____
3rd Mo. _____

- Gross Wages
- Excess Wages
- Taxable Wages
- Tax Due
- SCUF Due
- Interest Due
- Penalty Due
- Prior Amount Due **or** Overpayment
- Total Amount Due

UI39913

Division of Unemployment Insurance
P.O. Box 2003
Frankfort, KY 40602-2003



UI-3 (R. 5/1999)

DO NOT STAPLE OR PAPERCLIP ADDITIONAL PAGES TOGETHER OR ATTACH ANYTHING TO REPORT. ENCLOSE ADDITIONAL WAGE PAGES WITH REPORT.